

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Edith June St Pierre

Mailing Address 89 Philbrick Rd

City
Sidney

State
ME

Zip Code
04330-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA New England Health Care

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2013

Transaction ID : 35973507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alvin H Schmitt

Mailing Address PO Box 246

City
Gregory

State
SD

Zip Code
57533-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winner Regional Healthcare Center

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 13 / 2013

Transaction ID : 35973508

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anthony J J Chipas

Mailing Address 907 Players Cir

City
Summerville

State
SC

Zip Code
29485-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer

MUSC Medical Center

Occupation

Associate Professor Program Director A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

03 / 07 / 2013

Transaction ID : 35973509

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00